



Los Angeles ZOO

Zoo Camp: Summer 2026



INDIVIDUAL ZOO CAMP SCHOLARSHIP

Application Deadline
February 27, 2026





2026 Scholarship Guidelines



Application Deadline February 27, 2026

Thank you for your interest in The Los Angeles Zoo's Summer Zoo Camp Scholarship Program!
Please read through the following questions and answer carefully before submitting an application.

What is Zoo Camp and who is Zoo Camp for?

Zoo Camp is a weeklong day camp offered for 8 weeks each summer at the Los Angeles Zoo. Zoo Camp is for children independent of their parents and provides a safe, fun, and nurturing setting where children can focus on making both child and animal friends. Zoo Camp is for children **entering** pre-kindergarten (child must be 4 by the first day of camp) through 8th grade in the fall of 2026.

What does a Zoo Camp Scholarship provide?

Scholarships provide full financial coverage for **one week of Camp and Extended Care**.

What does a Zoo Camp scholarship Not provide?

Participants must provide their own lunch and snacks each day. Scholarship recipients are responsible for any fees incurred as a result of late drop off or early pick up (\$10/ day) or late pick up (\$1/ minute after 3:15 p.m. for regular pick up and 5:00 p.m. for extended care pick-up).

Who is eligible for a Zoo Camp scholarship?

Scholarship eligibility is based on financial need. Financial need can be shown in one of two ways. If your household qualifies for the **"Golden State Advantage"** program or **CalFresh**. You can also qualify if your household income is at or below the Low-Income Level of the California State Income Limits for 2024.

California State Income Limits for 2025: Los Angeles County

| # of Persons in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Low Income | \$84,850 | \$96,950 | \$109,050 | \$121,150 | \$130,850 | \$140,550 | \$150,250 | \$159,950 |

If you need to submit your financial need please provide a **2024 or 2025 tax** return document showing your adjusted gross income (**pg.1 of your 1040 Individual Income Tax Return**) and the number of persons in the household (**please black-out social security numbers**).

For more information about California State Income Limits, visit: <https://www.hcd.ca.gov>

How many Scholarships will be awarded?

Scholarship allocations are contingent upon the availability of funds and vary each year. When more applications are received than scholarships available, a lottery is held to determine scholarship awards. To increase access to Zoo Camp, individuals who have not previously been awarded a scholarship will be prioritized.



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When are scholarship applications due?

All completed scholarship applications (pages 4-7) with qualifying financial document must be received by **Friday February 27, 2026 by 5:00 PM**

When will scholarships be awarded and how will I be notified?

All applicants will be notified via email on March 6, 2026.

Can I apply for more than one child?

Yes. If you are applying for a scholarship for more than one child, please provide a completed application (**pages 4-7**) for each child. They may be mailed together.

How do I apply for a Zoo Camp scholarship?

Please mail the completed application(s) (pages 4-7) to:

Los Angeles Zoo

Learning & Engagement (Summer Zoo Camp Scholarship 2026)

5333 Zoo Drive

Los Angeles, CA 90027

Application packets can also be dropped off in-person to Window 11. Please make sure that the envelope is clearly marked **Summer Zoo Camp Scholarship Application 2026**.

Late applications will be disqualified.

Applications must be received by the close of business on February 27, 2026

Please be sure to sign and initial in all highlighted fields.

If you have additional questions after reviewing the application, please email
coral.barreiro@lacity.org

2026 Summer Zoo Camp Scholarship Program

LOS ANGELES ZOO & BOTANICAL GARDENS



Application Deadline February 27, 2026

I. REGISTRATION INFORMATION:

Child's First & Last Name

Date of Birth :

Gender Identity :

Grade in Sept. 2026:

T-Shirt Size :

Child

S

M

L

Adult

S

M

L

XL

Address :

Apt # :

City:

State:

Zip Code:

PARENT / GUARDIAN:

Name :

Phone:

Email:

Legal Custody :

yes

no

Emergency Contact:

Phone:

II. PICK UP AUTHORIZATION INFORMATION:

We will not release children to anyone not specifically listed on this authorization without written permission from the parent/legal guardian. If parent is not available, please list any other adults authorized to pick up the child from Zoo Camp. Photo ID will be required each day.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Parent Signature / Guardian: _____

Name & Phone Number of Authorized Pick Up :

1.

2.

3.

Office use only:

Completed Application (pgs 4-7) _____

Approval from Scholarship Coordinator _____ Date: _____

Assigned Lottery Number _____ Awarded Scholarship _____

Notified of Scholarship Award _____

Registered ZC Week _____ Camp Title _____

Confirmation# _____ Value _____



2026 Summer Zoo Camp Scholarship Program

LOS ANGELES ZOO & BOTANICAL GARDENS



Application Deadline February 27, 2026

III. FINANCIAL INFORMATION:

These are the only two documents that we will accept as proof of FINANCIAL NEED. Wrong proof of need will disqualify your application.

(Please check the box that applies-provide the appropriate qualifying financial document for BOX that you check)

☐ Family qualifies for "Golden State Advantage" CalFresh (EBT card); and copy of your ID and EBT Card.

OR

☐ CA State Income Limit. Please provide proof of income with a 2024-2025 Tax Return document showing the adjusted gross income and the number of persons in the household. pg.1 of your 1099
Please black-out social security number.

IV. CAMP LOGISTICS AND FEE ACKNOWLEDGEMENT:

Identify the week of camp you would be interested in (#1 choice and a #2 choice). If your child is chosen to receive a scholarship we will register them in an age-appropriate camp offered during either your #1 or your #2 choice of week. Due to the popularity and limited space of this program we are unable to accommodate special requests for certain camps.

PreK- 4th Grade

Camp Date Choice #1

☐ June 15-19 ☐ June 22-June 26 ☐ June 29-July 3 ☐ July 6-10 ☐ July 13-17

☐ July 20-24 ☐ July 27-31

Camp Date Choice #2

☐ June 15-19 ☐ June 22-June 26 ☐ June 29-July 3 ☐ July 6-10 ☐ July 13-17

☐ July 20-24 ☐ July 27-31

5th-8th Grade

☐ August 3-7

Extended Care before & after care is available for all campers. While Extended Care fees **are included in this scholarship**, capacity is limited. Please indicate if you expect to need extended care during your week of camp.

- ☐ Extended Care (7:30-8:55 am) (3:00-5:00 pm)
☐ I do not require Extended Care

MISCELLANEOUS FEES (These fees ARE NOT covered by the ZooCamp scholarship award.)
Dropping off camper after 9:15 a.m. or picking them up before 2:50 p.m. is a \$10.00/day charge.
The late pick up fee is \$1.00/minute beginning at 5:00 p.m. for extended care pick-up.

I understand that fees incurred as described above are an extra cost _____

Initial Here



City of Los Angeles Department of the Zoo

WAIVER AND RELEASE FORM



In consideration of the City of Los Angeles, acting through its Department of the Zoo at the Los Angeles Zoo granting the below-named child ("Minor") the opportunity to participate in the Summer Zoo Camp Program.

I, (PRINT PARENT/GUARDIAN'S NAME) _____ the undersigned, as the parent/guardian of (PRINT CHILD'S NAME) _____ ("the Minor"), do hereby agree as follows"

I am aware that there are certain risks of injury and/or damage inherent to the Program's activities; I understand that if my child misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the camp staff;

I agree to disclose pertinent health history including overall physical, mental, and emotional health status. Under certain medical conditions, I understand that some Zoo Camps may require written authorization based on a physical examination by a licensed medical person as a requirement of the Minor to participate in the program. To the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity not under the influence of any medication or other substance that might hinder his/her safe participation in the program;

I will instruct the Minor to abide by all safety regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the program;

I give my consent to have the Minor participate in all aspects of the program and knowingly assume full responsibility for all risks of bodily injury, death, or property damage which Minor may sustain as a result;

I give my consent to have the Minor transported by walking, car, van, or chartered school bus as a part of the program;

I understand that the City has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the program, I hereby give the City personnel my permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by my insurance, if applicable, shall be my sole responsibility;

I agree to keep the Zoo Camp advised if I plan to be out of contact for any period of time during the camp session and to provide contact information;

I authorize the City to make, procure, or use photographs, films, tapes, digital media recordings, or other likenesses of Minor's physical image and/or voice as may be needed for use with program's publicity materials;

Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies, or employees, and I release, acquit, and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, that result from or are in any way connected with the Minor's participation in the program or related activities;

I have read this agreement and I understand what it means to my legal rights and the Minor's participation and by my signature made of my own free will and act;

I agree to abide by the rules and policies set forth in this registration and waiver release; I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;

I agree to be legally bound by signing this registration and waiver release form and extend this binding to the Minor.

I hereby give permission for my child to watch any movies approved and shown by the Los Angeles Zoo Camp program with a rating of G/PG. Please be aware that MOST children's movies, including cartoon movies, are rated PG. If you do not allow your child to watch movies rated G/PG they will be given a separate activity during movie time.

IMPORTANT: PARENT OR GUARDIAN'S ORIGINAL SIGNATURE REQUIRED.

CHILD'S NAME (PLEASE PRINT): _____

PARENT/GUARDIAN NAME(PLEASE PRINT): _____

SIGNATURE: _____ **DATE:** _____



City of Los Angeles Department of the Zoo

HEALTH HISTORY FORM



NOTE: SHOULD ANYTHING HAPPEN TO THE CHILD THAT WOULD ALTER THIS HEALTH HISTORY INFORMATION AFTER THIS FORM IS RETURNED, AND BEFORE THE ARRIVAL AT ZOO CAMP, PLEASE LET ZOO CAMP STAFF KNOW IMMEDIATELY.

Child's Name:

Birth Date:

Age:

Child's Gender Identity:

Parent/Guardian:

Phone:

Address:

Apt # :

City:

State:

Zip Code

Doctor:

Phone:

Insurance Provider:

Group/Policy No:

HAS THE CHILD HAD OR CURRENTLY HAVE ANY OF THE FOLLOWING (PLEASE CHECK):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Constipation | <input type="checkbox"/> German Measles /Rubella |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Stomach Upset | |

Provide the month and year of last immunization or booster:

Tetanus : _____

Mumps: _____

Diphtheria: _____

Measels: _____

Whooping Cough: _____

German Measles/ Rubella: _____

Polio: _____

TB Test: _____ ☐ Positive ☐ Negative

Restrictions:

☐ I have reviewed the program and activities associated with the Zoo Camp program and feel the Minor can participate without restrictions.

☐ I have reviewed the program and the activities associated with the Zoo Camp program and feel the Minor can participate with the following restrictions or adaptations; _____

Allergies/ Other (please specify):

☐ Bee stings, mosquitoes, wasps, etc. : _____

☐ Food: _____

☐ Medication(s): _____

☐ Asthma or (hay fever) _____

Has the child received medical treatment during the past year ? yes ☐ No ☐ (please explain below)

Date: _____ Reason: _____

Is the child taking any medication now? yes ☐ no ☐ (please explain below)

If yes, what are the medications (include amount and frequency : _____

Parent/Guardian Signature: _____ **Date:** _____